

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**  
**COSMETOLOGIST/BARBER**

DOPL-AP-019 REV 08/21/2004

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

1. Submit documentation as requested for one of the following options (a, b, c, d, or e):
  - a. If you have graduated from a Utah licensed cosmetology/barber school, submit a "Verification of Graduation" form (attached to this application).

Request that a school official complete the form and return it to you for submission with your application.
  - b. If you have graduated with a minimum of 2,000 hours from a recognized cosmetology/barber school in a state other than Utah, use the "Request For Verification of License" form (attached to this application) to obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber.

Request that the verifying state complete the form and mail it directly to the

Division or return it to you for submission with your application.

- c. If you have graduated with less than 2,000 hours from a recognized cosmetology/barber school in a state other than Utah and have at least **4,000** hours of full-time paid employment as a cosmetologist/barber, submit a “Request for Verification of License” form AND a “Verification of Work Experience” form (attached to this application).

Use the “Request For Verification of License” form, to obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber. Request that the verifying state complete the form and mail it directly to the Division or return it to you for submission with your application.

Request that your employer(s) complete the “Verification of Work Experience” form(s) and return them to you for submission with your application.

- d. If you are a graduate of a **foreign** cosmetology/barber school, submit a credentials evaluation from one of the approved credentialing services listed in the “**Additional Important Information**” section of this application. **Note:** All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.
- e. If you have completed an approved cosmetology/barber apprenticeship program, submit a “Completion of Apprentice Program” form (attached to this application). Request that your instructor complete the “Completion of Apprentice Program” form and return it to you for submission with your application.
2. Submit the original letter from Exporior verifying your passing score on the Utah Law and Rules Examination.
3. Submit the original letter from Exporior verifying your passing score on the Utah Practical Exam.
4. Submit the original letter from Exporior verifying your passing score on the Utah Cosmetology/Barber Theory Exam

**OR**

a letter from the Council of State Boards of Cosmetology, verifying a passing score on the National-Interstate Council of State Boards of Cosmetology National Examination.

5. Submit a **\$60.00** non-refundable application-processing fee (made payable to “DOPL”).

## ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Examination:** Unless specifically exempted, all applicants for licensure must pass the Utah Law and Rules Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams. The study guide includes exam questions and correct answers. In addition, the following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act
  - ☐ Cosmetologist/Barber, Esthetician, Electrologist and Nail Technician Licensing Act Rules
2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
  3. **License Renewal:** All cosmetologist/barber licenses expire on September 30 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

4. **NIC Theory Examination:** The NIC Theory Examination is a national licensure test for cosmetologists, which is developed and administered by the National Interstate Council of State Boards of Cosmetology: 954-389-5302 or [www.nictesting.org](http://www.nictesting.org). The state of Utah does not administer the NIC Theory Examination; however, the NIC Theory Examination is accepted by the state of Utah, but must be taken in another state.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Updating Address Information:** It is a licensee's responsibility to maintain a current

address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

7. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
8. **Temporary Licenses:** Temporary licenses are not issued.
9. **Verification of License:** If a verifying state insists on submitting the verification directly to the division, indicate that fact on the “Licenses” section of the application.
10. **Foreign Educated Cosmetology/Barbers:** Applicants for licensure as a cosmetologist/barber who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.

Approved credentialing evaluation services for licensure are:

Josef Silny & Associates Inc, International Education Consultants, PO Box 248233, Coral Gables, Florida, 33124, (305) 666-0233, E-mail: [info@jsilny.com](mailto:info@jsilny.com), Internet: [www.jsilny.com](http://www.jsilny.com).

OR

Educational Credential Evaluators Inc., PO Box 514070, Milwaukee, Wisconsin, 53203-3470, (414) 289-3400, E-mail: [eval@ece.org](mailto:eval@ece.org), Internet: [www.ece.org](http://www.ece.org).

11. **Payments:** Make licensure fees payable to “DOPL.”

12. **Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628  
(866) ASK-DOPL – toll-free in Utah  
(866) 275-3675
14. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License Applying For: COSMETOLOGIST / BARBER

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**EDUCATION REQUIREMENT:** (Use additional sheets if necessary.)

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Telephone: \_\_\_\_\_

School Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Hours Completed: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Telephone: \_\_\_\_\_

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ Utah Theory Exam Date passed \_\_\_\_\_

\_\_\_\_\_ Utah Law and Rules Exam Date passed \_\_\_\_\_

\_\_\_\_\_ Utah Practical Exam Date passed \_\_\_\_\_

\_\_\_\_\_ Other State Exam, Name: \_\_\_\_\_ Date passed \_\_\_\_\_

**LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

# **COSMETOLOGIST/BARBER QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*

11. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. \_\_\_\_\_ Have you ever been arrested for or charged with a felony in any jurisdiction?
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. \_\_\_\_\_ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## VERIFICATION OF GRADUATION

### TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE COSMETOLOGY/BARBER SCHOOL:

Name of Student: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of School: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Enrollment: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Total Number of Hours Completed: \_\_\_\_\_

I declare that the above named individual has fulfilled the requirements for graduation as a cosmetologist/barber pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the division or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Name of School Official (Please Print): \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

(SEAL)

**NOTE: A copy of this form must be presented to the examination agency to be allowed to sit for any examination. The original copy of this form must be submitted with the application for licensure.**

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to the Division, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_ Cosmetologist/Barber

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, from what state? \_\_\_\_\_

\_\_\_\_\_ Waiver: \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)

Division of Occupational and Professional Licensing

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Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## VERIFICATION OF WORK EXPERIENCE

### TO BE COMPLETED BY EMPLOYER:

Name of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was applicant's performance satisfactory?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## COMPLETION OF APPRENTICE PROGRAM

### TO BE COMPLETED BY THE INSTRUCTOR:

Name of Apprentice: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Instructor's License Number: \_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Date Apprentice Program Began: \_\_\_\_\_ / \_\_\_\_\_

Date Apprentice Program Completed: \_\_\_\_\_ / \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_

I declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the division or the licensing board through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Signature of Instructor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

(SEAL)

**NOTE: A copy of this form must be presented to the examination agency to be allowed to sit for any examination. The original copy of this form must be submitted with the application for licensure.**